

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)  51402-226759																								
Application Number  For	10/565,437 - Conf. # 9579	Filed  January 20, 2006																								
A SEALING ARRANGEMENT AND A COUPLING DEVICE AND A VALVE DEVICE PROVIDED WITH SUCH A SEALING ELEMENT																										
Art Unit  3679	Examiner  J. Hewitt																									
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																										
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																										
<table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$130</td> <td>\$65</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$490</td> <td>\$245</td> <td>\$ 490.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1110</td> <td>\$555</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1730</td> <td>\$865</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2350</td> <td>\$1175</td> <td>\$</td> </tr> </tbody> </table>				Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ 490.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
	Fee	Small Entity Fee																								
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$																							
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ 490.00																							
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$																							
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$																							
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261 I have enclosed a duplicate copy of this sheet. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.																										
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 37,134 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____																										
<u>/Eric J. Franklin/ Signature</u>		February 18, 2009 Date																								
<u>Eric J. Franklin Typed or printed name</u>		(202) 344-4936 Telephone Number																								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																										
<input type="checkbox"/> Total of _____ forms are submitted.																										